

Express Mail No.: EL662523834US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Patent Application Transmittal Letter

Attorney Docket No.: 02962-00062

September 9, 2003

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith for filing is the incomplete Patent Application of (Full Names, City, State):

William D. Lakin, Johnson, Vermont
Paul L. Penar, Shelburne, Vermont
Scott A. Stevens, Erie, Pennsylvania
Bruce I. Tranmer, S. Burlington, Vermont

Title: Whole-Body Mathematical Model for Simulating Intracranial Pressure
Dynamics

Assignee Name: The University of Vermont and State Agricultural College
Assignee Address: 85 South Prospect Street, Burlington, VT 05405

A. Attached are:

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Law Offices Of
Downs Rachlin Martin PLLC
199 Main Street
P.O. Box 190
Burlington, Vermont 05402-0190
(802) 863-2375

- ☒ An application consisting of 52 pages of specification and claims and 9 sheets of formal drawings.
- ☐ An Assignment.
- ☐ An Assignment Recordation Cover Sheet.
- ☐ A Declaration for Patent Application.
- ☐ A Declaration and Power of Attorney is not attached. Please file this application in the name of the inventors listed above.
- ☒ A filing date in accordance with 37 CFR §1.10 is requested. The Express Mail Number appears above.
- ☐ Information Disclosure Statement.
- ☒ Applicant is a Small Entity.
- ☐ Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i)
- ☒ Application Data Sheet

B. Fees:

The filing fee has been calculated as shown below:

For:	No. Filed	No. Extra		Rate	Fee
Basic Fee					\$ 375.00
Total Claims	38 -20 =	18		x \$18.00/\$9.00 =	\$ 162.00
Indep. Claims	7 - 3 =	4		x \$84.00/\$42.00 =	\$ 168.00
<input type="checkbox"/> Multiple Dependent Claim Presented				\$280.00/\$140.00	\$.00
				Total Filing Fee	\$ 705.00
Assignment Recording Fee				\$40.00	\$.00
TOTAL					\$ 705.00

- ☒ Check no. 16404 in the amount of \$705.00 from Downs Rachlin Martin PLLC covering the total fee calculated above is attached.
- ☐ No fee is attached.

- ☐ Please charge Deposit Account No. 04-1588 in the amount of \$_____. A duplicate copy of this sheet is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 04-1588. A duplicate copy of this sheet is attached.
- ☒ Any additional filing fees required under 37 CFR §1.16.
- ☒ Any patent application processing fees under 37 CFR §1.17.


Please address all further correspondence to:

21918

PATENT TRADEMARK OFFICE

Respectfully submitted,

DOWNS RACHLIN MARTIN PLLC
Attorneys for Applicant

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BTV/249761.1

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